



# **eMedical User Guide for Interim (New USFS and Temp Seasonal) Employees**

**Forest Service**

**Fire and Aviation Management**

**eMedical**

Last Updated: April 2021





# eMedical Interim Employee

## “How-to” Guide

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### 1. General eMedical Questions for Interim Employees

#### 1.1 Who are “Interim” employees?

The term “Interim” employee is used within eMedical for:

- 1) New or rehired temp seasonal employees who have had their SF-52 hiring action completed and do not yet have an active ConnectHR profile

-OR-

- 2) New USFS employee transfers from another agency who have had their SF-52 hiring action completed and who have not yet begun work or have an active ConnectHR profile.

*The “Interim” status allows HSQ Coordinators to initiate the HSQ process for new employees prior to their start date so they can begin their fitness program for the WCT and be cleared to test (or within the HSQ process) by their first day of work.*

#### 1.2 How do I access eMedical?

The Forest Health Screening Questionnaire (HSQ) Coordinator will start the HSQ process for new or temp employees before they begin work with the intent to have them cleared prior to their first day of work. Interim employees will receive an email invitation from eMedical with a link to access the new eMedical site for New employees, Temporary employees, and ADs here:

Temp/AD SITE: <https://emedicalacc.gdcii.com/user>

**IMPORTANT:** New employees, Temporary Employees and ADs can **ONLY** access eMedical AFTER their HSQ Coordinator begins the process for them. Wait for the email from eMedical with your Access Code and instructions to access the program each year.



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eMedical Auth Administration Login

User Name/Password Login

To log into eMedical Auth Administration with your user name and password provide them and click the Log In button.

User Name: \*   
Password: \*

Log In

Those with existing eMedical profiles log in here:

Need assistance with credentials?

[Forgot Your User Name?](#)  
[Forgot Your Password?](#)

Need to create credentials?

[Establish User Name and Password](#)

New to eMedical?  
Create a user profile by clicking here:

**If this is the first time you have accessed eMedical** and just created a profile, follow the directions below. You will need the invitation code emailed to you to access eMedical.

**If you already have a profile and have used eMedical**, log in and skip to step 1.3. You will not need to use an invitation code.

1. In the email sent to you by eMedical, locate your Invitation Code under Step 5 and copy and paste it into the Invitation Code field on the login screen.

Example of eMedical email:



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### INSTRUCTIONS TO COMPLETE HSQ FORM:

1. Please navigate to this web address:  
<https://emedicalacc.gdcii.com/user>  
to complete the HSQ form by 9/26/2018. If you are unable to click on the link provided, copy and paste the link into your internet browser and press the “Enter” key.
2. If you have not established a USFS eMedical User Profile, click on the link “**Establish Username and Password**” below the main login fields, and follow the prompts to establish your profile. Then Click “**Submit**”.
3. If you have already established a Username and Password, log in on this screen.
4. Once logged in, you may be prompted to enter your **Unique Invitation Code**. If you are not prompted to enter your invitation code, skip to Step # 7.
5. **If prompted, enter your Unique Invitation Code.** This code is one-time use only.

8AD1F447A803AF7F112F46C85

This is your  
INVITATION CODE.  
You will need this in the  
next step.

2. Copy/Paste your Invitation code into the appropriate field shown below. Then verify your SSN and Date of Birth and click “**Submit**”. Note, if you receive an error that states your information is incorrect, contact your HSQ Coordinator for help.

**User Invitation Redemption**

In order to access eMedical, please provide the information requested on this page. Click the Submit button when you have entered the information.

An asterisk appears before the name of any input that is mandatory.

<b>*Invitation Code</b>	<input type="text"/>
<b>*Your Social Security Number</b>	<input type="text" value="XXXXXXXXXX"/>
<b>*Your Date of Birth</b>	Month: <input type="text" value="▼"/> Day: <input type="text" value="▼"/> Year: <input type="text" value="▼"/>

Submit

**Note:** After a Temporary or new employee has been granted ConnectHR (Dashboard) Access, Temporary or new employees will complete their eMedical process through ConnectHR if needed. They should then reference the eMedical “How-To” Guide for Employees for guidance on navigating eMedical if the process has not yet been completed.

### 1.3 How do I access my packet?

Click “**My Packets**” on the left menu.



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My eMedical	Welcome to eMedical
<b>My Packets</b>	<b>ATTENTION :</b> You have logged in to a live production site for the eMedical System. All information inputted and contained within this site is considered authentic real data. ONLY initiate a packet if you have a legitimate need to start the medical screening process for a WCT that is coming up soon. This site is NOT to be used as a practice site or for testing out how the system functions. Thank you!

Next, click on “**Take Action**”. You will be brought to the Informed Consent form.

Action Packets			
Name	Employee Information	Packet Information	Reset Search
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	<a href="#">Take Action</a>

### 1.4 How do I complete the Informed Consent Form?

- Review the various WCT levels and their associated risks.
- Verify the correct duty station city and state, change if needed. Then check both boxes below before clicking “Submit”. Note: You cannot proceed to the HSQ until both boxes are checked and submitted.
- Once you click “Submit” a pop-up box will appear verifying “The submission of the form will be electronically recorded and constitutes your signature, which thereby certifies your acknowledgement of the risks associated with WCT.”
- Check the box in the pop-up and again click “Submit”.

**By submitting this form, you are acknowledging your understanding of and consent to the risks associated with taking the Work Capacity Test.**





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**eMedical**  
GDCII

**My eMedical**  
New Packet - Self  
My Packets

**Informed Consent**  
An asterisk appears before the name of any input that is mandatory.

**Work Capacity Test: Informed Consent**

**Pack Test – Arduous:**  
The 3 mile test in with a 45-pound pack in 45 minutes is strenuous, but no more so than duties of wildland firefighting.

**Field Test – Moderate:**  
The 2 mile test with a 25-pound pack in 30 minutes is fairly strenuous, but no more than the field duties assigned.

**Walk Test – Light:**  
The 1 mile walk test in 16 minutes is moderately strenuous but no more so than the duties assigned.

**Risks**  
There is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.  
If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test and to cool down after the test. By completing the Health Screening Questionnaire and/or a physical exam, the potential risk of serious consequences is reduced.

\*Duty Station City   
\*Duty Station State

☐ I understand that there is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

☐ I have read the information on this form and in the brochure “Work Capacity Test,” understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

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### 1.5 How do I update my user profile?

- Users will be automatically required to view/update their user profile annually. Profiles may also be updated anytime a user accesses their packet under the “**View Profile**” menu option on the left side of the screen. Editable information includes:
  - Temporary unit (if detailed, for example)
  - Gender
  - Primary e-Mail address
  - Secondary e-Mail address
  - Phone number
  - Fire Supervisor name (Unless already populated)

**NOTE:** Items denoted with an asterisk \* are *required* items to proceed



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- If the Fire Supervisor field is populated, do not change it. If it is blank, select the “Fire Supervisor” button and enter your Fire Supervisor. This is usually your direct supervisor unless directed otherwise. Need to know who your Fire Supervisor should be? Ask your HSQ Coordinator.
- Click “Submit”.

<b>First Name</b>	Janet
<b>Middle Name</b>	
<b>Last Name</b>	Sobieski
<b>Duty Station</b>	Idaho City
<b>Temporary Unit</b>	<input type="text"/>
<b>SSN</b>	XXX-XX-5555 <input type="button" value="Show SSN"/>
<b>*Gender</b>	F <input type="button" value="v"/>
<b>Date of Birth</b>	1/1/1970
<b>*Primary E-mail Address</b>	<input type="text" value="hspriggs@fs.fed.us"/>
<b>Secondary E-mail Address</b>	<input type="text"/>
<b>*Street Address 1</b>	<input type="text" value="123 Main St."/>
<b>Street Address 2</b>	<input type="text"/>
<b>*City</b>	<input type="text" value="Idaho City"/>
<b>*State</b>	<input type="text" value="ID"/>
<b>*ZIP Code</b>	<input type="text" value="83836"/>
<b>*Telephone</b>	<input type="text" value="2083334444"/> <input style="color: green;" type="button" value="?"/>
<b>*Fire Supervisor</b>	HOPE KUO <input type="button" value="Select Fire Supervisor"/>

You will now be routed to the HSQ form.

## 2. HSQ Form Completion Process





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### 2.1 How do I complete the HSQ?

#### HEALTH SCREENING QUESTIONNAIRE (HSQ)

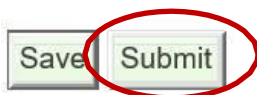
Assess your health needs by marking all true statements.

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

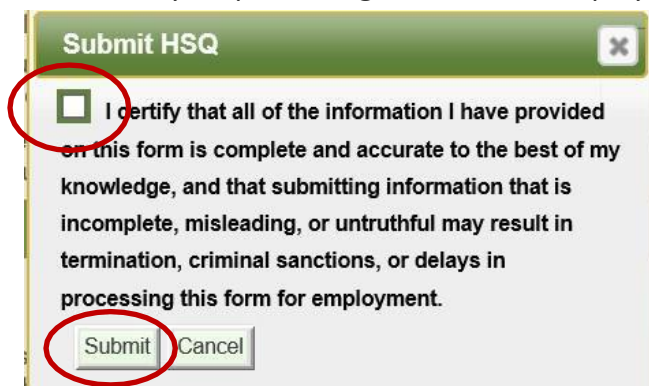
Employees are required to answer the following questions which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

An asterisk appears before the name of any input that is mandatory.

- Complete the HSQ Form by checking any box that applies to you in both Section A and B of the form.
- **If you have an existing waiver (only issued by the USFS MQP Medical Officer), see *Section 5.3* for directions on filling out your HSQ form each year.**
- Click the **"Submit"** button.
  - *Note: choosing the Save button does not submit your HSQ.*



- Click the checkbox in the pop-up window acknowledging the following statement:
- "I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment."





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- Click the “**Submit**” button. You’ll see a green banner stating your HSQ has been submitted.
- On the next screen, under “Associated Packets” in the “Packet Information” column ensure the “Workflow Status” reads “HSQ Submitted”.

Associated Packets			
<input type="text" value="Name"/>	<input type="text" value="Employee Information"/>	<input type="text" value="Packet Information"/>	<input type="button" value="Reset Search"/>
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status <b>HSQ Submitted</b> WCT Clearance Status Not Started	<a href="#">View</a>

**DONE!** (For now!) Log out of eMedical. Your HSQ Coordinator will review the submitted HSQ and you will receive any clearance information or requests for additional info by email from eMedical.

**IMPORTANT:** ALL WCT related updates will come from [eMedical@gdcii.com](mailto:eMedical@gdcii.com).  
**PLEASE READ ALL EMAILS from this address fully.**

**This is how you will be notified of WCT clearance status.** Our agency physician or eMedical Administrators may ask you for further info to complete your clearance and these requests come from this address – until you respond to these requests, your clearance will NOT proceed.

**If cleared to take the WCT,** you will be notified by email. No further action within eMedical will be required until the following year.

**If an OF-178 exam is required,** you will be notified by email with further information on how to proceed.

### 2.2 How do I view my packet, including submitted forms and reviewer comments?

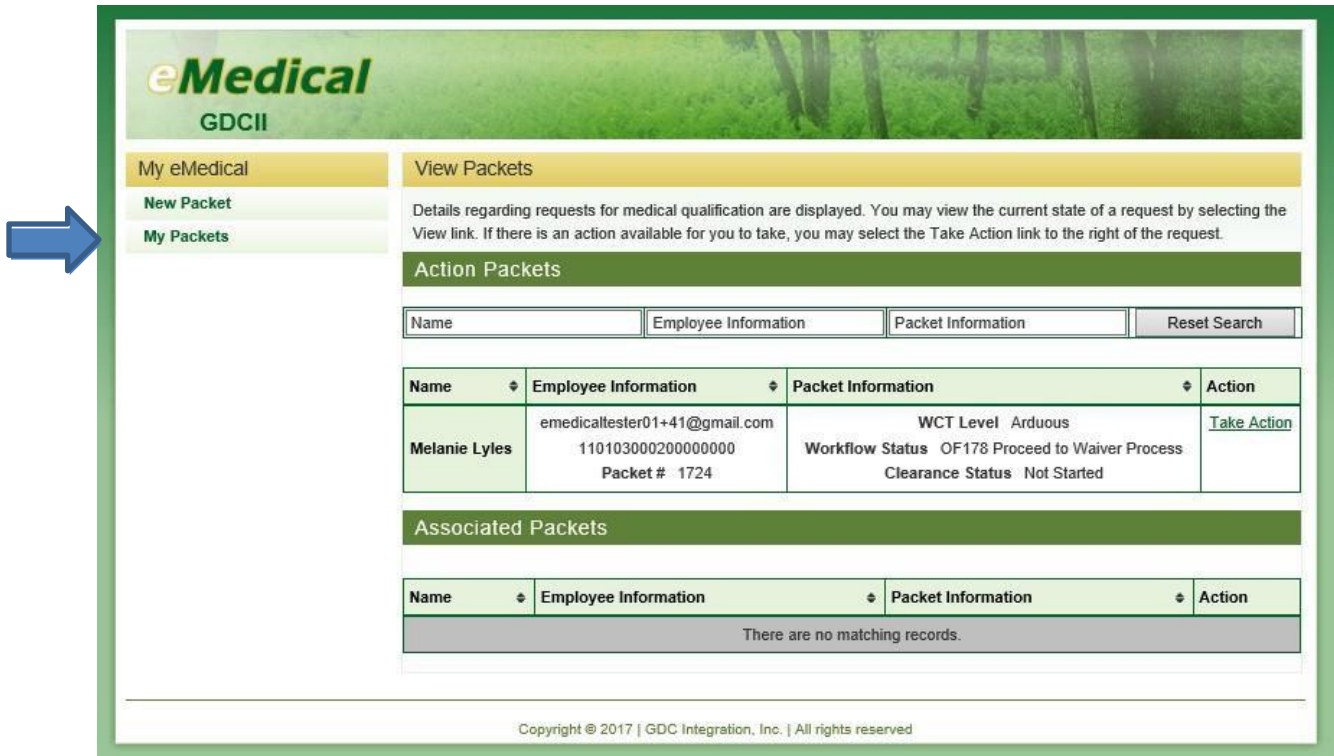
Employees can view their packet by selecting “My Packets” in the navigation bar on the left side of the page. “My Packets” can only be accessed after an annual HSQ request has been submitted.



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The packet will include a summary of personal information, medical clearance status, completed documentation and any pending actions. To view more details of the packet, select “View” under “Action” on the “My Packets” page.



**eMedical GDCII**

**My eMedical**

- New Packet
- My Packets**

**View Packets**

Details regarding requests for medical qualification are displayed. You may view the current state of a request by selecting the View link. If there is an action available for you to take, you may select the Take Action link to the right of the request.

**Action Packets**

Name	Employee Information	Packet Information	Reset Search
<b>Name</b> ⚙	<b>Employee Information</b> ⚙	<b>Packet Information</b> ⚙	<b>Action</b>
Melanie Lyles	emedicaltester01+41@gmail.com 110103000200000000 Packet # 1724	WCT Level Arduous Workflow Status OF178 Proceed to Waiver Process Clearance Status Not Started	<a href="#">Take Action</a>

**Associated Packets**

Name	Employee Information	Packet Information	Action
There are no matching records.			

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At any point in the process, the Reviewing Medical Officer or eMedical Admin may require additional information to determine your clearance status. If additional information has been requested, employees will be notified via an email from eMedical.

- Log into eMedical: <https://emedicalacc.gdcii.com/user>
- Click on ***“My Packets”*** from the menu on the left side of your screen.
- Under Associated Packets, select ***“View”*** under Action on the right side.

- Under “Current Packet” on the left menu, select “**View/Add Notes**” on your packet to view the request.

- First click “**View**” to see the information request.



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- Then click “**Respond**” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed. Once this is done, the person who requested the info will be notified that you have responded.

Existing Notes				
Participant	Packet Status	Note	Date Created	Action
HOPE KUO		Please explain the musc	9/6/2018 3:32:26 PM	<a href="#">View Respond</a>

## 3. WCT Testing Process Questions

### 3.1 Once I am cleared to take the WCT, what is required?

Employees will be notified via email when receiving clearance to take the WCT.

- Print a copy of the WCT clearance email sent to you and bring it with you to the WCT to present to your WCT Administrator (this varies by unit – check with your Coordinator).

### 3.2 How can I view my WCT results?

**Note: Only WCT results of “Fail” or “Did Not Complete” are required to be entered in eMedical.** If you passed the WCT, you are authorized to perform in any Incident Qualification Position requiring the tested level of WCT or lower. Passing WCT results will only be recorded in IQCS. Any results can be viewed in eMedical on the packet summary page by navigating to “**View Summary**” inside of the current packet

If the WCT result is “Fail” or “Did Not Complete,” the employee’s Supervisor and/or Fire Supervisor will receive an email notification. The Supervisor will authorize any retests with your HSQ Coordinator who will authorize a retest in eMedical. **The employee will be notified, and they must log into eMedical and agree that they wish to retest.**

### 3.3 How do I know if I am authorized to take a WCT re-test?

Employees will be notified via email if they have been authorized for a WCT re-test. Alternatively, employees can select “**My Packet**” to view the WCT status on their packet. If a retest is not authorized the packet will close and the employee will not receive an email notifying them of a WCT re-test.



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## 3.4 How do I indicate if I want to participate in a WCT re-test?

If a WCT re-test is authorized, employees will receive an email notification and **they will need to confirm in eMedical if they plan to take another test**. The following steps should be followed to either confirm or decline a retest:

- Log in to eMedical
  - Click on **“My Packets”** on the left side menu.
  - Under the “Action Packets” section, click **“Take Action”** under the “Action” column. □  
On the following page under “WCT Re-take Authorization”:
    - If you wish to re-take the WCT, click **“Yes, I choose to re-test”** from the dropdown box. An email notification will be sent to your HSQ Coordinator, Supervisor and/or Fire Supervisor, and you will automatically be placed back on the list of employees who are ready to take the WCT. You must wait at least 48 hours after a non-passed WCT to attempt another WCT. Contact your WCT Administrator to sign up for another WCT.
    - If you do not wish to re-take the WCT, click **“No, I decline to re-test”** from the drop-down. The packet will be closed, and no further action will occur unless a new packet is initiated. If you are in a position where passing the WCT is a condition of hire, discuss these options with your supervisor prior to declining a retest.
- Click the **“Submit”** button.

The screenshot shows the eMedical GDCII interface. On the left is a navigation menu with options: My eMedical, New Packet, My Packets, Current Packet, View Summary, Take Action, View Profile, View/Add Attachments, and View/Add Notes. The main content area is titled 'WCT Re-take Authorization'. It contains the text: 'You have been authorized to take the WCT again. Indicate whether you wish to take the test again, or not. Click the Submit button after making your choice.' Below this is a note: 'An asterisk appears before the name of any input that is mandatory.' The form has a section labeled 'Re-test' with a dropdown menu labeled 'Choose Option' and a blue arrow pointing to it. At the bottom of the form are 'Submit' and 'Cancel' buttons. The footer of the page reads: 'Copyright © 2017 | GDC Integration, Inc. | All rights reserved'.





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## 4. OF-178 Exam Form Completion Questions

### 4.1 I have been notified I need the OF-178 exam. How do I complete the OF-178 Part A?

If an employee is required to complete a physical exam, they will first receive an email notifying them to complete and submit the OF-178 Part A in eMedical.

Your responses on the Health Screening Questionnaire (HSQ) submitted on 9/6/2018 indicate the need for a physical examination. To begin the process, you must first complete Part A of the OF-178 Medical Exam form in eMedical before a Arduous level Work Capacity Test (WCT) clearance can be determined.

- Log into eMedical. <https://emedicalacc.gdcii.com>
- Click on “**My Packets**” on the left menu.
- In the “Action Packets” section, click “**Take Action**” under the “Action” column for the current packet.
- Click either “**Yes**” or “**No**” on the following screen’s radio button to report any medical or physical issues that may interfere in your ability to perform full duties of this position. This is where you can provide additional information to explain why any condition was checked on your HSQ form. **Checking “yes” here and providing information will not have any effect on your clearance** – it simply provides more information on any condition for your Reviewing Medical Officer.

**This can speed up your clearance.**

- ❑ Click the “**Submit**” button

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE

☒ Yes ☐ No    \*Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties of this position?

\*Provide an explanation for the physician performing the examination.

I am treated by my physician for high blood pressure. I take medication for it.

Save Submit

- Click the checkbox in the pop-up window acknowledging that the information you have supplied is complete and accurate and that you authorize the release of any eMedical information to the USFS Agency Reviewing Medical Officer.





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**Submit OF178A**

☒ certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the [Privacy Act Statement](#), I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.

- Click the “**Submit**” button to submit the form.

## 4.2 How does my physician/medical provider complete my OF-178 exam form?

After submitting the OF-178 Part A, you will receive an email notifying you to schedule a medical exam with your physician, this email also contains your exam access code. Contact your HSQ Coordinator for assistance to ensure payment is made and that you have all necessary documents to give to your physician/medical provider.

**Print this email and bring with you to your exam.**

**The email will include an access code your physician will use to access eMedical and complete your OF-178 form within the system. DO Not claim this yourself! 😊 EXAMPLE below:**

You will now need to schedule an OF-178 physical exam. Please contact your HSQ Coordinator to discuss how to arrange this exam and to obtain the necessary paperwork to bring with you. OF-178 exams should be billed to the Forest, not the employee.

**\*\*\*FOR MEDICAL PROVIDER USE ONLY\*\*\***

**eMedical EXAM ACCESS INSTRUCTIONS:**

1. To access this employee's exam, navigate to this web address:  
<https://emedicalacct.gdcii.com/provider>
2. If you have not established a USFS eMedical User Profile, click on the link “Establish Username and Password” below the main login fields, and follow the prompts to establish your profile. Then Click “Submit”.
3. If you have already established a Username and Password, log in on this screen.
4. Ensure that your eMedical profile includes the examining medical provider's information, as this is what is used to generate the provider's electronic signature.
5. Once logged in, click on the “Redeem Invitation” link on the left side of your screen.
6. Enter the employee's **Unique Physician Access Code**. This code is one-time use only.  
23D2D48738E6FD79CE3182CA9

**eMed Link for medical providers ONLY.**

**Code provider uses to access your exam.**

**Note: Interim employees must print this email with the physician access code and a copy of all “Physician Documents” stored on the eMedical website. Bring the letter and documents to the medical exam.**

**ASK FIRST!** You may use a provider of your choice, but they **MUST** agree to use eMedical and its online exam submission process **PRIOR** to you having an OF-178 exam completed.



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If you need assistance in scheduling an exam, please contact your HSQ Coordinator.

MD/DO/NPs and PAs may conduct exams. Chiropractors may not.

Physicians and medical providers can contact the eMedical Help Desk at [SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov) with any additional questions.

## 5. Exam Clearance, Waivers and Mitigations

### 5.1 Notification of Medical Clearance

Once your OF-178 has been submitted by your medical provider it will be reviewed by the USFS Medical Officer. The Medical Officer will determine if you are “Medically Qualified” based on the OF-178 and may assign waivers and mitigations. Mitigations are requirements specific to each employee based on any medical conditions. You will be notified by email with your waiver information and directions on how to view your waiver and mitigations.

**You MUST log into eMedical and view your waiver/mitigation directions and follow these directions each year.**

### 5.2 How do I view my exam Waiver and Mitigations?

Waivers issued prior to eMedical were emailed to the employee. Waivers issued since 9/2017 are generally within eMedical. **Please KEEP your original waiver to refer to each year!**

When an employee is cleared after the OF-178 exam process, they are emailed notification of their clearance and directions on how to view their waiver specifics. **MAKE SURE to view your waiver and mitigations instructions after you receive it! MANY waivers require information to be submitted to the MQP Office annually.** Specific directions are found in your waiver/mitigation.

### Employee Directions to View and Print Waiver:

1. Log into eMedical.
2. Go to **My Packets** and **View** the packet with the last waiver granted (you may need to view multiple packets to find the one with the waiver). If you completed an OF178 you will find waiver in **PART D**, **and or** if you did not complete the OF178 you will find waiver in **Notes**. If AD's are having difficulty doing, they can contact the helpdesk.

View/Add Attachments

View/Add Notes

Will need to copy and paste the clearance with waivers/mitigations in Notes

3. On the Summary page of the packet, click **“Print”** to the right of “Part D Completed”. This will open a .PDF page that can both be SAVED and PRINTED.



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## Print Part D

Forms			
Name	Status	Duration	Action
Packet	Informed Consent	2/3/2020 - 2/3/2020	<a href="#">View</a> <a href="#">Print</a>
HSQ	Cleared to OF178	2/3/2020 - 2/3/2020	<a href="#">View</a> <a href="#">Print</a>
OF178	PartB Completed	2/3/2020 - 2/3/2020	<a href="#">View</a> <a href="#">Print</a>
OF178	PartA Completed	2/3/2020 - 2/3/2020	<a href="#">View</a>
OF178	PartC Completed	2/3/2020 - 2/3/2020	<a href="#">View</a>
Info	Additional Info Request Completed	2/3/2020 - 2/3/2020	
Info	<del>Additional Info Completed</del>	2/3/2020 - 2/3/2020	<a href="#">View</a>
OF178	<b>PartD Completed</b>	2/3/2020 - 2/3/2020	<a href="#">View</a> <a href="#">Print</a>
WCT	Ready to Test	2/3/2020 -	

#### 4. In Part D, read the Mitigations.

5. This box will give detailed directions to the employee on what type of waiver they have and what requirements their waiver includes.
6. It will describe in detail what information needs to be included in an annual physician statement (if required)



# eMedical Interim Employee “How-to” Guide

## CERTIFICATE OF MEDICAL EXAMINATION OF 178 Part D

To be completed by the agency medical officer who reviews the examination results and recommends action.

### Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

**Subject** Stuart Little

**Effective Date** 2/4/2020

**Please read your Mitigations carefully.** These requirements must be met each year to be cleared to the WCT. If an annual statement(s), is required in your mitigations, you must obtain one each year from your medical provider and submit it by eFax (866-338-6630) to the USFS MQP office to obtain clearance. **If your condition(s) worsen or you have a new condition after this waiver has been issued, notify your HSQ Coordinator or the eMedical Help Desk at SM.FS.mqp\_emedical@usda.gov.**

**Recommendation** Hire or retain

**Comments**

**Pre-Set Qualification Choices** Medically Qualified

**Cleared to Process** WCT Process – Routine Waiver Granted with Active Mitigations

**Routine Waiver Type** Medication  
Chest and Respiratory System

#### Mitigations

Mitigation requirements to supply to the MQP Office annually

Mitigation requirements to follow

The respiratory waiver is for your asthma and the mitigation is that you are responsible for having with you at all times a rescue inhaler that is not expired as well as supply a statement yearly from your doctor, overseeing this diagnosis, stating that it is static and stable and a complete medication list.

The medication waiver is for your liquid medication inhaler, and one mitigation is that you will send me your complete medication list each year.

You are responsible for having an adequate supply of all of your medication and taking them as directed by your medical provider.

Should your medical condition/health status change/worsen, you are required to notify me as soon as possible.

- Employees should PRINT & SAVE this information to refer to each year.** Most employees who need to supply an annual update obtain this statement from their medical provider at their annual appointment prior to WCT season.



# eMedical Interim Employee “How-to” Guide

## 5.3 Employees with Waivers – Annual HSQ/WCT Clearance Process

After the waiver is issued, each year employees should:

1. Check the **“I have a waiver”** box in Section A on the HSQ Form.
2. Check any boxes in Section A for conditions they have a waiver for. None of these checked boxes count against them.
3. If any existing condition has worsened, the employee should notify their HSQ Coordinator. If there are any new conditions, check those boxes.
4. If the waiver does not require an annual update, notify the HSQ Coordinator.
5. If the waiver DOES require an annual update, notify the HSQ Coordinator and FAX the update to the USFS MQP office.

Clearance for both types of waivers ways will come by email.

### **FAXING A WAIVER UPDATE? USE A COVER SHEET:**

[https://www.fs.usda.gov/sites/default/files/media\\_wysiwyg/mqp\\_efax\\_cover\\_sheet\\_0.pdf](https://www.fs.usda.gov/sites/default/files/media_wysiwyg/mqp_efax_cover_sheet_0.pdf)

## 6. Medical Review Board (MRB) Waiver Appeal Process Questions

### 6.1 How do I appeal a waiver rejection?

If you have not been Medically Cleared, and an employee’s waiver request has been denied, an MRB waiver appeal can be initiated within three business days of receiving the email notification. To appeal a waiver rejection, employees can login to eMedical and “Take Action” on their current packet. Employees will then select from a drop-down menu choosing to submit MRB. Employees can also add comments or attachments by navigating to “View/Add Notes” or “View/Add Attachments” from the left menu.

For additional information, please contact the eMedical Help Desk at:

[SM.FS.mqp\\_emedical@usda.gov](mailto:SM.FS.mqp_emedical@usda.gov)